Nova Scotia ECD

Baseline Report

Our Children – Today's Investment, Tomorrow's Promise

103-06160/

The beginnings of all things are small.

– Cicero

Building an Early Childhood Development System for Nova Scotia

Acknowledgements

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Contents

3 Introduction

4 Vision for a Comprehensive Early Childhood Development System

5 Why Invest in the Early Years?

6 Navigating the Course Between Vision and Implementation — Priorities for Initial Investment
Building the Nova Scotia Early Childhood Development System

7 1. Establish a Comprehensive Home Visiting Program
Current Context
Baseline Data
"Healthy Beginnings" Nova Scotia
Expected Outcomes

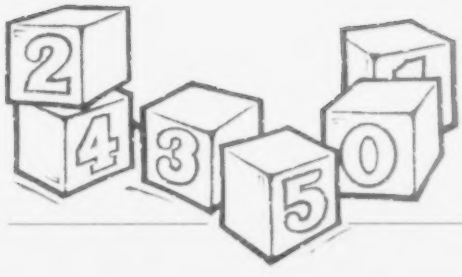
12 2. Stabilize and Enhance the Child Care System
Current Context
Baseline Data
Investing in Nova Scotia's Child Care System
Expected Outcomes

21 3. Develop a Comprehensive System of Early Childhood Development
Current Context
Baseline Data
A Coordinated System of Early Childhood Development
Expected Outcomes

25 Toward Implementation

26 Glossary of Terms

27 References



Introduction

This report provides the framework for response to Nova Scotia's agreement with the Government of Canada to invest in an early childhood development strategy. As signatories to the September 2000 First Minister's Communiqué on Early Childhood Development (ECD), Nova Scotia is committed to the development of an early childhood system grounded in the growing body of knowledge on the importance of the early years. Nova Scotia will develop a comprehensive system based on our vision and building upon our current assets.

The Federal / Provincial / Territorial Early Childhood Development agreement includes four key pillars:

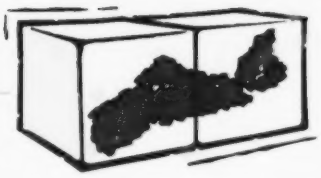
- healthy pregnancy, birth, and infancy
- early childhood development, learning, and care
- parenting and family supports
- community supports

In Nova Scotia we have a range of programs that support early childhood development (public health services, early intervention, child care, family resource programs, etc.). Often these programs were developed independently of each other and continue to be financed through various funding streams and levels of government. This has resulted in programs for young children and their families that are often fragmented, isolated, difficult to access, and in many instances, under-resourced. Programs have been built on a "programs for problems" approach without the benefit of the new research on the health and well-being of children.

The ECD strategy presents an exciting opportunity to strengthen and re-shape our existing assets while investing our new resources toward a comprehensive and integrated early childhood strategy.

This Baseline Report focuses on the priorities for ECD investment and the associated expected outcomes over the next four years. It is not intended that the Baseline Report represent all of the childrens programs and services currently offered by the Province of Nova Scotia or all the interdepartmental childrens initiatives that contribute to child well-being.

Vision for a Comprehensive Early Childhood Development System



Nova Scotia's Early Childhood Development System will have the following vision, values and guiding principles as its foundation.

Vision

Our vision for the children of Nova Scotia is that they be valued and encouraged to develop their unique physical, emotional, intellectual, spiritual, and creative potential.

Values

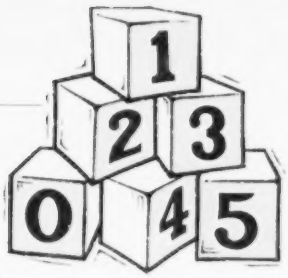
In working toward this vision, we promote the adoption of the following values:

- Children must be valued for who they are today, not just for what they may accomplish in the future.
- Children have the right to grow up free of abuse, discrimination, violence, and inequity.
- All infants and children must have a fair chance to develop their potential. Access to early childhood development programs must include all children and their families regardless of ability, culture, or geographic location.
- Parents, guardians, elders, and extended family members play a central role in nurturing children. Individuals, families, communities, and governments collectively share responsibility for the well-being of children.
- All families need support at some point in early parenthood and will benefit from the opportunity to participate in programs that promote early childhood development. These programs must be accessible and unrestricted by eligibility requirements.
- Families and other people who provide the care and education of infants and young children must be valued.
- The act of caring for and educating infants and young children is important. Quality services support the individuals who provide care and education for infants and children, contributing to healthy child development. Training, consultation, and evidence-based program standards are key components of quality services.
- Services that support the well-being of children and families must be proactive, preventive, and family-centred and must reflect the diverse traditions and cultures of Nova Scotia.
- Proactive and preventive family-centred services incorporate the three basic components of prenatal and infant care, early childhood learning and care, and parenting and community supports. These programs must build upon existing programs and services across sectors and jurisdictions, be delivered locally, and reflect community cultural values and geographic realities.

Guiding Principles

- comprehensive
- integrated
- universal and accessible
- inclusive
- high quality
- accountable
- community-based
- respectful of diversity and regional variation

Why Invest in the Early Years?



- *What makes a difference for young children and their families?*
- *What is the promise of new investments for young children?*
- *How can we make the most of this opportunity?*

We have access to a compelling body of knowledge derived from an array of disciplines and research that confirms what many have intuitively known to be true: the early years last forever. These years lay the foundation for lifelong determinants of optimal health and well-being inclusive of: learning readiness; secure attachments and identity; social engagement and competence; and active living. In addition, the incentive to invest in the early years as an economic strategy is well established. The fiscal argument for investing in early childhood programs has gained momentum. Recent shifts in economic policy emphasize open economies and require a well-educated and flexible labour force in order to compete globally. Therefore, it is vital that we support and value children today in order to ensure their futures. Toward that end we must invest in programs and opportunities that allow children to be as healthy, happy, and secure as possible.

As we begin the 21st century, families are coping with rapid change. The current social and technological revolution affects all aspects of the social and economic fabric of our society. Approximately 70 per cent of mothers of young children are working outside of the home. Shift work is increasing, and wages have remained relatively stagnant. Increasingly, family structures are changing, and young families are without the benefit of extended families nearby for support.

We can no longer consider the needs of young children solely as the private responsibility of their parents. Policies and systems that support families must reflect these increasing pressures and new realities of family life.

Our major challenge is to identify the key areas of investment that will create the strongest foundation for infants and young children from birth to six years of age. We need to choose programs that are beneficial in and of themselves and serve as key linkages to other support services. The research tells us that:

- We must begin early childhood development programs as early as possible in the lives of children.
- We can improve outcomes for children by investing in their natural environments
  - at home
  - in early childhood care and education settings
  - in family resource settings
  - within the informal child care sector
  - in recreational settings
- We need a system that serves children from conception until school entry.
- Quality early childhood services must be developed and delivered by the community to meet its own unique needs.
- Some children will require special interventions to help them to develop to their full capacity.
- Early childhood services support children, parents, employers, and local communities and contribute in many ways to meeting the needs of a healthy and prosperous society.
- Quality preschool programs ensure that children will have "... the opportunity to benefit from all that school has to offer, both academically and socially." (Doherty, 1997)

Navigating the Course Between Vision and Implementation

Building the Nova Scotia Early Childhood Development System

Research indicates that there are some essential building blocks in a comprehensive Early Childhood Development system. These include:

- a home-visiting program that includes health promotion and support as well as early identification and a direct entry point into a comprehensive early childhood development system
- a range of quality child care programs, including infant, toddler, and preschool programs
- specialized services to enable children with special needs to reach their potential
- parent education and ongoing support to families and communities

Navigating the Course Between Vision and Implementation

Every year 10,000 children are born in Nova Scotia. Communities have responded to the best of their abilities to meet the needs of these young children and their families. They have shown they care and are willing to invest their time and energy in developing services for young children. An early childhood development system for Nova Scotia will build on our existing strengths and assets.

We recommend that Nova Scotia adopt what McCain and Mustard (1999) describe as a community-based evolutionary approach. This approach allows a blending of public and private supports with communities to form the foundation of an early childhood development system. Respecting the role of community in planning and developing services ensures sensitivity to local characteristics, provides parental choices, encourages flexible approaches, and builds social cohesion.

The following strategic priorities have been identified as integral to the development of a system-wide approach to early childhood development in Nova Scotia:

Priorities for Initial Investment

1. **Establish a comprehensive home visiting program**
2. **Stabilize and enhance the current child care system**
3. **Develop a coordinated system of early childhood development**

1. "Healthy Beginnings": Enhanced Home Visiting Initiative

Healthy babies are born to healthy mothers. A healthy pregnancy increases the likelihood of a full-term, uncomplicated birth, healthy birthweight, and promotes brain development. Good prenatal care, nutrition, and healthy lifestyle choices all contribute to good birth outcomes.

Home visiting is a crucial component of early intervention and prevention services, not only to identify expectant parents and new families who may encounter difficulties, but also to link them to relevant services. Many researchers, policy makers and practitioners have recommended the expansion of home visiting programs to improve developmental outcomes for those children most at risk. Home visiting programs provide an early entry point (pre and postnatal) into the service system for parents and offer sustained support for those with greater need. Home visiting is not an end unto itself. It is one component of an integrated service system linking families to health, social and educational systems as well as to other community-based supports. Home visiting is most effective if it is started early and is intensive, flexible and sustained.

Current Context

Currently in Nova Scotia, Public Health Services offers home visiting services as part of the overall Public Health Services prenatal and postnatal programs.

Prenatal Home Visiting Programs

Families receive service through the Healthy Baby Program, which is a partnership between the Department of Community Services and the Department of Health. The Healthy Baby Program contributes toward enabling pregnant and new mothers, who are recipients of Provincial Income Assistance, to achieve a healthy birth outcome through the provision of a combined program of a nutritional allowance and counseling service. The program begins as soon as a prenatal referral is received from Community Services and home visiting ends at three months after birth.

Postnatal Home Visiting Programs

Since 1992, Public Health Services has been delivering a targeted (versus universal, as was the case prior to 1992) program of postnatal home visiting throughout the province. The Visiting Infants and Parents Program (VIPP), uses a universal screening process. The adapted British Columbia Priority Assessment For Infants and Preschool Children screening tool (i.e. Helen Parkyn Tool) is administered postpartum, typically in hospital, to determine a health and psycho-social risk score for a family. The risk score determines their priority for home visiting/ intervention or other supports. The goal of the VIPP program is: to prevent the onset or limit the duration and effect of specific health challenges of infants and postpartum mothers and their families.

Eight of nine District Health Authorities, provide the Visiting Infants and Parents Program. All families are screened by public health nurses in hospital/home/telephone contact using the tool described above and those scoring as high priority are offered a home visit within a defined period of time. Additional criteria for offering families a home visit, and for responding to requests

for home visits in the early postpartum period, include the following: breastfeeding challenges, parenting concerns, difficult postpartum adjustment, etc. All other families (i.e. those not identified as being high priority or meeting other criteria) are contacted by telephone for support, health education and linkage to community resources.

In the District Health Authority that does not currently deliver the VHPP, new families receive home visiting support through a hospital-based early discharge follow-up program as well as through Public Health Services. Families requiring priority home visiting are identified in hospital and all families receive telephone contact by Public Health Services for support, health education and linkage to community resources. Some of the criteria used by Public Health Services to identify families that may benefit from additional support include: breastfeeding challenges, maternal age <19 years, multiple birth, history of postpartum depression, etc.

Currently public health does not support a home visiting program for families identified as potentially benefiting from long term home visiting.

Baseline Data

Currently, there is no information system to provincially track public health contacts with families that include the activities of screening, telephone contact and home visiting. Therefore, identifying baseline data is extremely challenging.

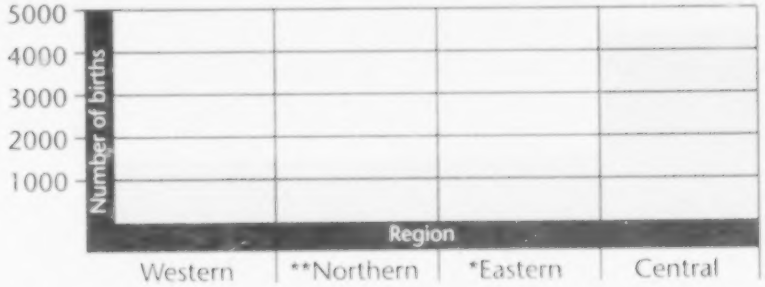
The data on the following page only identifies postnatal home visits and does not identify duration. New families not receiving home visits are contacted by telephone for assessment, health education and linkage to community supports. These families often have contact with public health at community sites and through public health office visits.

Determining the cost to deliver current services can only be estimated by examining the total number of staff dedicated to the maternal-child program (this would include all prenatal and postnatal programs) as part of the total budget.

Home Visiting Program in Nova Scotia 2001 Baseline Data

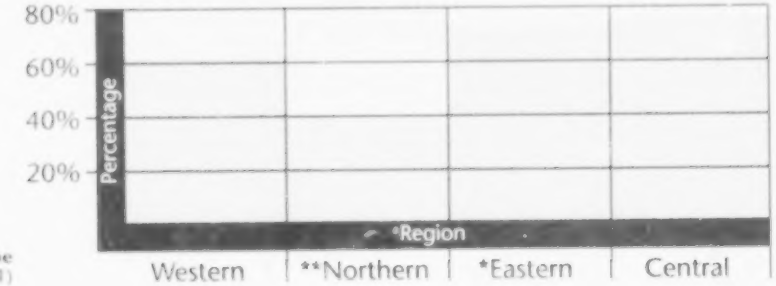
Birth by Region in Nova Scotia

Region	Births (2001)
Western	1477
**Northern	1437
*Eastern	1448
Central	4500
Total	8862



Families Receiving a Minimum of One Home Visit in Nova Scotia

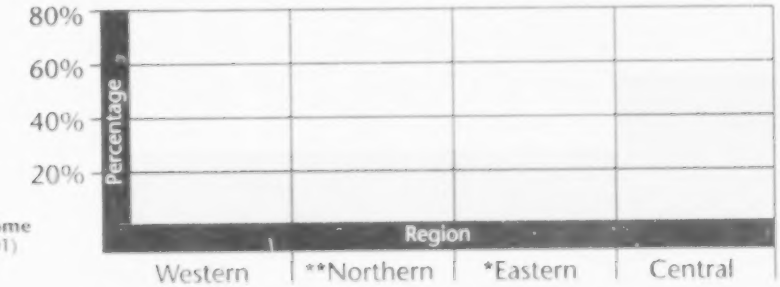
Region	One Home Visit (2001)
Western	62.00%
**Northern	40.00%
*Eastern	75.00%
Central	78.00%



Central Region families receive 18% of home visits through Public Health Services and 60% through a hospital based early discharge follow up program.

Families Receiving More Than One Home Visit in Nova Scotia

Region	+ One Home Visit (2001)
Western	26.00%
**Northern	25.00%
*Eastern	25.00%
Central	55.00%



Most families receive more than one home visit for follow up of short term issues/concerns, e.g. breastfeeding challenges.

* Includes Guysborough County ** Discludes Guysborough County

Home Visiting Program in Nova Scotia 2001 Baseline Data

Birth by Region in Nova Scotia

Families Receiving a Minimum of One Home Visit in Nova Scotia

Central Region families receive 18% of home visits through Public Health Services and 80% through a hospital based early discharge follow up program.

Families Receiving More Than One Home Visit in Nova Scotia

"Healthy Beginnings": Enhanced Home Visiting Initiative

In conjunction with existing Public Health Services prenatal and postnatal initiatives, the goals of the Healthy Beginnings Program are to:

- promote the optimal physical, cognitive, emotional and social development of all children in Nova Scotia
- enhance the capacity of communities to support healthy child development
- enhance the capacity of parents to support healthy child development
- contribute to a coordinated, effective system of child development services and supports for children and their families

The Healthy Beginnings Enhanced Home Visiting Program will enable Public Health Services to contact all new families in the postpartum period as well as offer home visiting to families who require additional support. Healthy Beginnings is not designed to be a stand alone program. Existing services both within and outside Public Health Services will be used whenever possible. Healthy Beginnings as part of the Early Childhood Development strategy presents an exciting opportunity to work toward a comprehensive and integrated early childhood development system.

Key Components of Healthy Beginnings

- Postpartum, all mothers and infants in Nova Scotia will be screened for health and psycho-social risk. This universal screen will be completed by a public health nurse using a standardized screening tool.
- For families that are identified through the screening process as potentially benefiting from additional, ongoing support an in-depth family assessment will be completed to identify interventions/supports they may require. This is done with the family's consent. While all families of newborns may benefit from support, we recognize that families experiencing isolation, financial difficulty and inadequate social support networks need extra support and nurturing to help them and their babies get the best start possible.
- All families will be contacted by telephone/home visit for breastfeeding and postpartum support, health education and linkage to community resources.
- Healthy Beginnings will use a combination of public health nurses and trained lay home visitors to support the families identified through the in-depth assessment who may benefit from additional support. The lay home visitor component will be implemented in year two of Healthy Beginnings. Lay or community home visitors have been used to improve healthy child outcomes in the context of a range of services. Forming trusting relationships and establishing frequent contact with an experienced, trained mother has been shown to be positive. (Behrman, 1999)

- The frequency and intensity of services will be determined by the assessed levels of the family's needs. Public Health Services staff will continue to work with the family and home visitor and will facilitate goal setting and ongoing coordination of services.

Healthy Beginnings is therefore a key entry point to the early childhood development system, which will enable the family to have a constant source of support, information and referral, and linkages to a whole array of services from the baby's birth to three years of age.

Expected Outcomes

Healthy Beginnings will achieve the following short term outcomes:

- Enhance parent's knowledge related to healthy parent child attachment
- Increase parent's knowledge and skill to sustain breastfeeding
- Increase parent's knowledge and skill related to infant feeding
- Increase parent's knowledge related to key child health issues
- Enhance parent's knowledge of children's normal growth and developmental milestones
- Increase parent's awareness of signs of postpartum depression
- Enhance parent's knowledge and awareness of community supports for parents and children
- Identify a contact with Public Health Services for further parental support

Initially Healthy Beginnings will focus on the postnatal period, up to age three. Additional prenatal support, building on existing Public Health Services prenatal programs, will be phased in over the next few years. Supporting families to have healthy pregnancies increases the likelihood of full-term, uncomplicated births and healthy birth weights. It is envisioned that women will be referred to public health services as early as possible in their pregnancies so they can receive appropriate programs and services based on identified need.

2. Stabilize and Enhance the Current Child Care System

Learning begins at birth and is a continuous process. The years from birth to six lay the foundation for lifelong health, competencies, and learning. We now live in a world where the majority of young children spend most of their waking hours in licensed and unlicensed child care. The care and education of young children are combined concepts in the early years. Quality child care offers an ongoing opportunity for children's learning while providing safe and reliable care that promotes socialization, health, and a child's well-being. Preschool programs prepare a child to benefit from all that school has to offer, both academically and socially. "A good start in school increases the likelihood that a child will complete high school, find and retain employment and become a contributing member of society" (Doherty, 1997).

Research indicates that the quality of the child care experience effects children's current and future development. High-quality care supports children's physical, emotional, social, and intellectual development and well-being. There is an abundance of research describing the components of good-quality child care. These include factors such as adequate adult-to-child ratios, small group sizes, appropriately trained and remunerated care givers, safe and attractive environments and play spaces for children, and child-centred curricula. In a child-centred curriculum there is a blend of quiet and physically oriented activities, including a balance of indoor and outdoor play. There are opportunities for free play, child-directed and teacher-directed experiences. Children learn and grow when they are cared for in respectful, responsive, developmentally appropriate environments where adults treat them as important individuals in their own right.

Regulations and standards with clear monitoring and reporting requirements further ensure high-quality services.

Studies show, however, that the majority of the child care centres in Canada are providing care that is of minimal to mediocre quality. The informal child care sector is even more of an unknown. It is widely understood that a number of factors impede the achievement of quality, including low wages, which result in high staff turnover and inadequately trained practitioners; provincial regulations that address only the minimum standards; inadequate facilities and crumbling infrastructures; and weak curricula. All of these factors are affected by inadequate resource allocation. Children's well-being and development suffer when they have less than quality care. Even an advantaged family background cannot compensate for the negative effects of poor quality child care.

Access to quality licensed child care is therefore an integral component of the ECD system. The literature tells us that our children's well-being is compromised by poor-quality programming, second-rate facilities, inadequate supervision, lack of stimulation, and non-supportive interaction between staff and children. Perhaps the most critical concern facing the child care field today is the inability to attract and retain adequate numbers of trained practitioners. The quality of child care is dramatically affected by the significant human resource issues of staff turnover, training, and retention.

Current Context

Early Childhood Development Services of the Department of Community Services is committed to:

- promoting the healthy development of children between the ages of 0 – 6 years by supporting and developing quality early learning and care programs in Nova Scotia
- supporting parents who need child care while they work or attend school or training programs by providing subsidies to offset the cost of licensed child care

Efforts to achieve these goals have focused on licensing and monitoring child care programs, developing policies and standards for child care centres and programs, approving new early childhood education training programs, promoting awareness among parents and community members about quality child care choices, and conducting audits and reviews on selected child care programs.

Recent data for Nova Scotia tell us that:

- Approximately 70% or 41,503 children 0 – 6 years old have mothers in the paid workforce.
- An estimated 23% or 9, 500 of these children are in licensed full or part-day child care programs.
- Up to 80% of children with working mothers are cared for in unlicensed or informal care arrangements.

Child care in Nova Scotia has experienced minimal growth in the 1990s. Over the last decade the number of licensed child care spaces has increased slightly while the number of child care centres has decreased. Outside of the subsidy program of the Department of Community Services, limited resources have been committed to promote and enhance flexible and high-quality child care options for all Nova Scotian families. Since the elimination of the federal Local Initiative Program grants in the 1970s, there has been virtually no capital funding for start-up of new child care programs in the public sector. In the absence of government funding for the start-up of public, non-profit child care, most of the growth in new spaces over the last several years has been in the commercial sector.

In Nova Scotia, legislation is in place that governs the licensing of child care programs and limits the number of children that may be cared for in an unlicensed arrangement. The Department of Community Services provides subsidy funding for parents unable to pay the full child care fee. Specific grants that support such things as equipment purchase, operating expenditures, special needs support, infrastructure, and salary enhancement are paid directly to support non-profit child care centres. The grant formula has been in place for many years without increase, and does not entirely meet the needs of either the non-profit centres receiving these funds or the larger needs of the child care community. The department recently completed a review of the manner in which it delivers financial support to child care programs in the province.

Since 1991, the child care sector, stakeholders, and government have identified the issue of inadequate wages as an impediment to maintaining a well-qualified, stable work force in the sector, which has a direct relationship with the quality of child care in the province.

Baseline Data on Current Child Care in Nova Scotia

Number of Children 0 - 5 years in Nova Scotia by Region

Age	Western	Central	Eastern	Northern	Total	Total %
0 - 2	7208	12192	4329	4575	28304	48%
3 - 5	8013	12963	4781	5229	30986	52%
Total	15221	25155	9110	9804	59290	100%
Total %	26%	42%	15%	17%	100%	

The following data represents the number of children 0 - 5 years of age per region against the number of child care spaces per region

Percentage of Children with Access to Licensed Child Care in Nova Scotia

Western	Central	Eastern	Northern	Total
16%	21%	13%	15%	17%

Data based on Child Population Estimates Statistics Canada 2001

The following table demonstrates the break down of full-day and part-day, commercial and non-profit centres, according to the region in which they are located. There are 362 centres in Nova Scotia.

Licensed Child Care Centres by Region

	Western	Central	Eastern	Northern	Total	Total %
Commercial Full Day	19	60	11	16	106	29%
Non Profit Full Day	22	48	14	13	97	27%
Commercial Part Day	29	35	2	16	82	23%
Non Profit Part Day	30	22	9	16	77	21%
Total	100	165	36	61	362	100%
Total Percentage	28%	46%	10%	17%	100%	

There are 6799 full-day child care spaces in Nova Scotia, and 3341 part-day child care spaces in Nova Scotia.

Licensed Child Care Spaces by Region

	Western	Central	Eastern	Northern	Total	Total %
Commercial Full Day	403	1788	271	430	2892	29%
Non Profit Full Day	732	2192	598	382	3904	38%
Full Day Subtotal	1135	3983	869	812	6799	67%
Commercial Part Day	527	630	40	229	1426	14%
Non Profit Part Day	701	580	246	388	1915	19%
Part Day Subtotal	1228	1210	286	617	3341	33%
Total	2363	5193	1155	1429	10140	100%
Total Percentage	23%	52%	11%	14%	100%	

Data based on March 2002

Special Needs Services

"Special Needs Differential" is funding available to licensed child care centres to support the inclusion of children with identified special needs. Parents using these services are not income tested for funding. Funding from $28 up to $70 is available per full day to the child care facility to provide resources/staffing in providing an inclusive program. Funding is currently allocated to 238 children with special needs in Nova Scotia.

"Early Intervention" programs enable all families with children birth to 5 years of age with either a developmental delay or risk of delay, to receive developmental consultation in their homes anywhere in Nova Scotia. Early Intervention programs also offer consultation to support centres in including children with special needs. There are 17 Early Intervention programs in Nova Scotia.

Number of Subsidized Spaces

"Portable Spaces" are subsidized by government and are assigned to the child and not the child care centre. Parents can take portable, subsidized spaces to any licensed, full-day child care centre in Nova Scotia that has signed a special agreement with the Department of Community Services. There are 95 portable child care subsidized spaces.

"Allocated Spaces" are subsidized by the government and are assigned to 92 non profit child care centres throughout Nova Scotia. There are a total of 2460 allocated spaces.

Number of Allocated and Portable Spaces by Region

Region	Allocated Spaces		Portable Spaces	
	No.	%	No.	%
Central	1424	57%	23	25%
Eastern	381	15%	24	25%
Northern	245	10%	24	25%
Western	410	17%	24	25%
Total	2460	100%	95	100%

Data from May 2001

Days of Operation

"Days of Operation" is a maximum of 260 days per fiscal year for a child care centre. This is inclusive of the ten holidays, five of which are statutory holidays.

Of a full day child care centre survey completed in April 2001, 72% of the full day child care centres operate 250 to 260 days per year.

Child Care Staff & Training Levels

"Part-time child care staff" means staff that work less than 35 hours a week.

"Full-time child care staff" means staff that work 35 or more hours a week.

As of February 2002, there are 1,134 child care teachers working in full-day child care programs. Hard data regarding the number of part-day child care teaching staff is currently not available. However, in a review of the number of part-day child care spaces, it is estimated that 300 child care teachers work in the part-day child care sector.

Full Day Child Care Staff Training Levels

"Trained staff" refers to those individuals who have completed a training program in early childhood education or it's equivalent.

"Equivalent training" is considered when a person has:

- completed Grade 12 or the equivalent through the General Education Development program of the Department of Education
- a minimum of two years' experience in a licensed child care facility and
- successful completion of a full credit course of two semesters in a post-secondary education program in either:
    - human growth and development with emphasis on young children in day care facilities, or
    - curriculum development and implementation of programs for young children in child care facilities, as well as
- successful completion of 25 hours of training programs, seminars or workshops in the other area

As of February 2002, 78.26% of staff working in full-day child care centres are trained, while 21.83% are untrained.

Full Day Child Care Teaching Staff

Title	No. of Staff	Average Wage / hour
Directors	159	$ 13.32
Assistant Directors	110	$ 10.31
Special Needs Teachers	96	$ 9.22
Teachers	*1510	$ 7.87

Data based on May 2001

*Some teachers work within a part-day program under a full-day licensed centre.

Early Childhood Training Programs

Educational Institute	Degree/Diploma	Enrollment
Mount Saint Vincent University, Halifax	4 year Degree: Bachelor of Applied Arts (Child and Youth Study)	274
Institute of Early Childhood Education & Developmental Services, Truro	2 year Diploma: Early Childhood Education	38
St. Joseph's College of Early Childhood Education, Halifax	2 year Diploma: Early Childhood Education	53
Nova Scotia Community College - Kingstec Campus, Kentville	2 year Diploma: Early Childhood Studies	46
Nova Scotia Community College - Cumberland Campus, Springhill	2 year Diploma: Early Childhood Studies	42
Nova Scotia Community College - Burridge Campus, Yarmouth	2 year Diploma: Early Childhood Studies	29
College De L'Acadie, Meteghan River	2 year Diploma: Early Childhood Education	10
Island Career Academy	52 weeks Diploma: Early Childhood Education	17
Total Number of Students Enrolled in Early Childhood Education Programs:		492

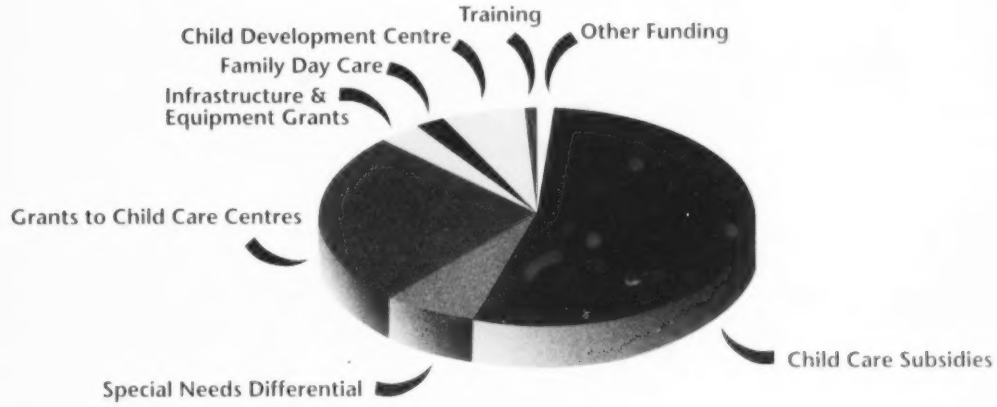
Data from March 2002

Child Care Funding in Nova Scotia

Funding (excluding ECD Initiative)

Provincial Expenditures 2000/01	**Amount**
Child Care Subsidies	$8,562,514
Special Needs Differential	$1,059,272
Non Profit Program Funding:	
Salary Grants to Child Care Centres	$2,455,194
Infrastructure and Equipment Grants	$509,398
Family Day Care	$42,470
Child Development Centre	$300,000
Early Intervention	$1,500,000
Training	$80,000
Other Funding:	$70,600
Total:	$14,579,448

Data from March 2001



Investing in Nova Scotia's Child Care System

As a first step toward building a responsive and comprehensive child care system for Nova Scotia, we propose that an investment be made to strengthen and stabilize existing full-day licensed child care programs. Expanded grants, governed by a specific set of guidelines, will ensure an appropriate allocation of funds. Enhancing the existing child care system also means creating flexible child care alternatives including increased infant care, in-home child care, part-day, seasonal and emergency care.

Low wages and inadequate training opportunities have created a crisis in staff recruitment and retention in child care. This sector requires an immediate infusion of resources to stabilize salaries and to enhance training. Training opportunities will include increased pre-service and in-service programs in the province. Access to training will be increased through a variety of mechanisms including distance education tools.

In building the system, we will also continue to expand access and affordability of child care for parents with the least resources.

Young children with special needs are best served in inclusive settings in their own communities. Early identification and intervention are critical to ensuring better outcomes for children who may require additional supports. Targeted programs that focus on special populations of young children — e.g. children with disabilities, mental health challenges, etc. —work best when offered within an early childhood system designed for all families. Funding through the special needs child care program will be allocated to ensure such services and programs are offered in inclusive settings.

Expected Outcomes

Stabilizing the current child care system will ensure an enduring child care work force thereby improving child care quality. Expanded and enhanced services, for all children, inclusive of children with special needs will ensure continued opportunities for learning and care within integrated child care settings. Following are the expected outcomes for stabilizing and enhancing child care:

- innovative programs
- improved access for families to a full range of child care options in the community
- support for parents and caregivers
- increased opportunities for training of child care staff
- enhanced quality of child care
- increased inclusion of children with special needs
- reduced staff turnover in full-day licensed child care centres

3. Developing a Comprehensive System of Early Childhood Development

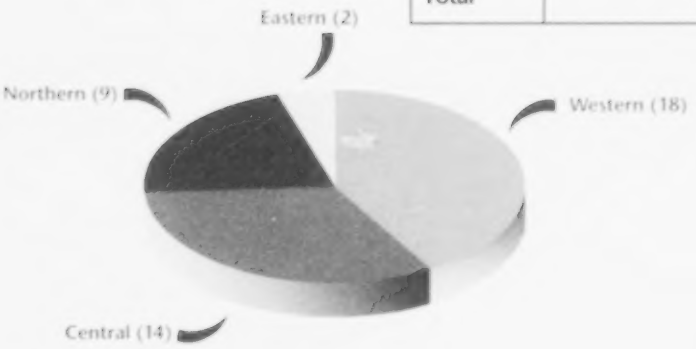
The Early Childhood Development (ECD) system we envision for Nova Scotia requires strengthening and a weaving together of existing programs. We also need innovation in new program options. The system will support children's learning in a myriad of ways inclusive of parent education programs, family resource centres, and early intervention programs. As well, families will be provided a range of early childhood / childcare program options. Coordinating resources to support parents and improve access to services is part of a comprehensive system of early childhood development.

Current Context

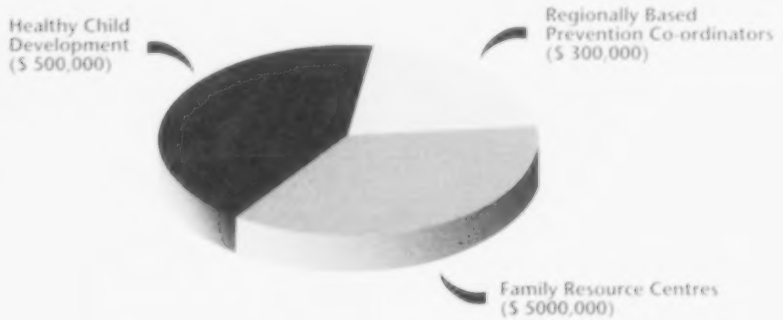
Nova Scotia currently has a limited number of programs that a minority of children access. Child care is often not integrated with other child and family services in the community so that the needs of children and families are met in the best way possible. Parents are mostly on their own when it comes to locating and retaining child care as Nova Scotia has no resource and referral program. Access to a range of child care options, parenting supports, and early childhood development information remains a challenge for most parents and communities across the province. Resources are not coordinated nor are they easily accessible to most families. It is important that we no longer separate "care" from "education" and from "parent support." There is a pilot in early language and learning underway. There is a need to look at this kind of approach throughout the province. These programs must be combined to meet the needs of children and families. To achieve this, linkages will need to be made between programs and supports at the community level. In this way we will truly build a comprehensive system of supports for families.

Baseline Data on Family Support Programs in Nova Scotia as Part of a Comprehensive System, 2001

Region	Family Resource Centres (2001)
Western	18
Central	14
Northern	9
Eastern	2
Total	43



Parent Education & Family Support Programs	Provincial Contributions (2001)
Regionally Based Prevention Co-ordinators	$ 300,000
Family Resource Centres	$ 500,000
Healthy Child Development	$ 500,000


Healthy Child Development ($ 500,000)
Regionally Based Prevention Co-ordinators ($ 300,000)
Family Resource Centres ($ 5000,000)

The Comprehensive System of Early Childhood Development

The Comprehensive System of Early Childhood Development envisioned will establish programs to address gaps in existing early childhood services, increase support available to community-based initiatives and move to an integrated service delivery model. The Comprehensive System will increase access to early childhood development services throughout the province, while recognizing the special needs of some children and their families. Program and service delivery will be community-based wherever possible. Government and non-governmental agencies, organizations and businesses at the community, regional and provincial levels will model a collaborative approach to program development and service implementation.

The Comprehensive System of Early Childhood Development therefore brings together the range of services delivered to children in the early years. Integrated service delivery models at the community level will encompass quality child care and enhanced home visiting along with parent education and support, training of childcare providers, and other community based services. This will establish a continuum that begins with pre-natal services and continues through the successful transition of our children into the school system. Services will be delivered through the use of both professionals and trained lay persons in communities.

Examples of the programs and services that could be offered in the Comprehensive System of Early Childhood Development include:

- enhanced home visitation
- quality child care including full and part-day programs, inclusion for children with special needs, and accessibility to flexible alternatives including in-home child care, seasonal and emergency care
- early language and learning programs
- enhanced family resource centers
- child care resource and referral
- early interventions
- pre and in-service training for care givers
- parent education and support

Successful examples of integrated service models may operate from a hub, such as a family resource centre, and should build on existing services.

What exists in one region will not necessarily be identical to another region recognizing the differences in needs, geography and existing services. To obtain community input in planning early childhood development (ECD) programs and services, regional ECD planning teams will be established. These ECD Regional Planning Teams will bring together a variety of early childhood stakeholders at the regional level to share information, identify needs, coordinate planning and implement and integrate services.

As children's policy and legislation are developed in the coming years they should enable the development of a comprehensive system of early childhood development.

Comprehensive System of Early Childhood Development

Model to ensure optimal child development, as well as coordination, access, and timely response in service delivery.

Expected Outcomes

The Comprehensive System of Early Childhood Development will include outcomes identified earlier in this report under enhanced home visiting and quality child care and will, in addition, include the following outcomes:

- coordinated information and child care referral for parents
- increased connections between community based services
- enhanced quality of care provided in all settings
- a coordinated system that provides increased training and support to care givers and parents throughout the province

Toward Implementation

Best practice, research, and community input will be woven into the planning, implementation, and evaluation of Nova Scotia's Early Childhood Development System. The Early Childhood Development System Work Plan for 2001/02 represents only the first step in a multi-year implementation process. The baseline data primarily represents measures of the access to services. As we enhance services in this multi-year Federal/Provincial/Territorial initiative we will improve our data bases and move toward the other measures however, it should be recognized there are challenges in actually measuring the longer term impacts of specific programs and services on child well-being and early childhood development.

The program and services described in this Baseline Report and the associated 2001/02 Workplan move Nova Scotia from a patchwork arrangement of children's services toward a system of early childhood development. The goal of these enhancements is to support the optimal development of children and provide support to parents, families and communities.

With children at the centre of our vision, and a commitment to collaboration at all levels, we will be successful in developing a system of early childhood development for our children.

Glossary of Terms

Children and Youth Action Committee (CAYAC):

An interdepartmental committee of senior officials established to provide coordination and collaboration on issues concerning children and youth. Representatives from the Departments of Community Services, Health, Justice, Education as well as the Youth Secretariat make up this committee.

Child Care:

The non-parental care of infant, toddler, preschool and school-age children in formal and informal settings, providing for their physical, social, emotional and intellectual development.

Child care may be offered in a licensed non-profit or commercial setting. Non-profit refers to the situation wherein a centre is operated by a voluntary board of directors.

The term "commercial" is used to refer to child care centres that are incorporated as for-profit business operations.

Child Development Centres:

Non-profit part-day licensed child care services run by boards of directors. These support services are proven to significantly benefit less-advantaged children. Currently, the Department of Community Services funds 32 of these centres (694 licensed spaces) by way of operating grants.

Child Care Resource and Referral Services:

Regionalized, community-based child care services designed to:

- coordinate, enhance and improve the quality and accessibility of a range of child care options for families
- develop child care services that provide local solutions to the unique needs of local communities
- compile and share information with parents, child care providers and communities
- provide child care provider recruitment, parent referral, and parent and provider training and support in the communities they serve

District Health Authority:

There are nine District Health Authorities in Nova Scotia which govern, plan, manage, deliver, integrate, monitor, evaluate and fund the health services under their board. They provide support to enable Community Health Boards to fulfill their mandate.

Early Intervention Services:

The goal of early intervention is to help children (from birth to five years of age) with developmental disabilities to reach their potential by working directly with children and families in their homes. The Department of Community Services provides grants to support these programs, develops policies, standards and procedures. The Department also assists community groups in starting programs in their local areas.

Subsidy:

Financial assistance provided to licensed child care centres or family child care agencies on behalf of parents to help offset child care fees.

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Framework for Action
Early Childhood Development

Notes

NOVA SCOTIA

Department of Community Services
Department of Health